

HYPERTENSION

Factsheet | HGIC 4367 | **Revised:** May 19, 2023

Hypertension, also known as high blood pressure, is a chronic condition that affects roughly 116 million Americans, or 47.3% of our country's population. When our blood flows through our arteries on its way to the different parts of our body, the force of the blood on the arterial walls is what we define as blood pressure. If we have hypertension or high blood pressure, then that force is greater than normal. This extra pressure can be a result of the thickening of artery walls, loss of elasticity of artery walls, or increase in blood volume. Being diagnosed with hypertension is significant as those with hypertension are at an increased risk for developing heart disease and stroke – two of the leading causes of death for Americans.

Understanding Blood Pressure Numbers

Blood pressure readings consist of two numbers. The first number, or the top number, is known as your systolic blood pressure. This is the pressure in your arteries as your heart beats. The second number, or the bottom number, is called your diastolic blood pressure. This measures the pressure in your arteries while your heart is at rest in between its beats. A normal blood pressure is 120/80 mmHg. Both numbers are important and can be an indicator of high blood pressure. Therefore, if an individual consistently has a systolic reading above 130 or a diastolic reading above 80, you're considered to have high blood pressure or hypertension. See the chart below for the guidelines published by the American Heart Association.

According to the American Heart Association's website:

Blood Pressure Category	Systolic (top number)	Diastolic (bottom number)
Normal	Less than 120	AND less than 80
Elevated	120-129	AND less than 80
Hypertension (Stage 1)	130-139	OR 80-89
Hypertension (Stage 2)	140 OR Higher	OR 90 OR Higher
Hypertensive Crisis	HIGHER than 180	AND/OR HIGHER than 120

Who Gets Hypertension?

Everyone is at risk for hypertension, but some people are at a greater risk than others. As a person ages, their arterial walls may become less elastic; therefore, their risk for hypertension may increase. Older age, African American race, sodium intake, being overweight, alcohol and tobacco usage, and family history all affect the likelihood of an individual developing high blood pressure.

Are There Different Types of Hypertension?

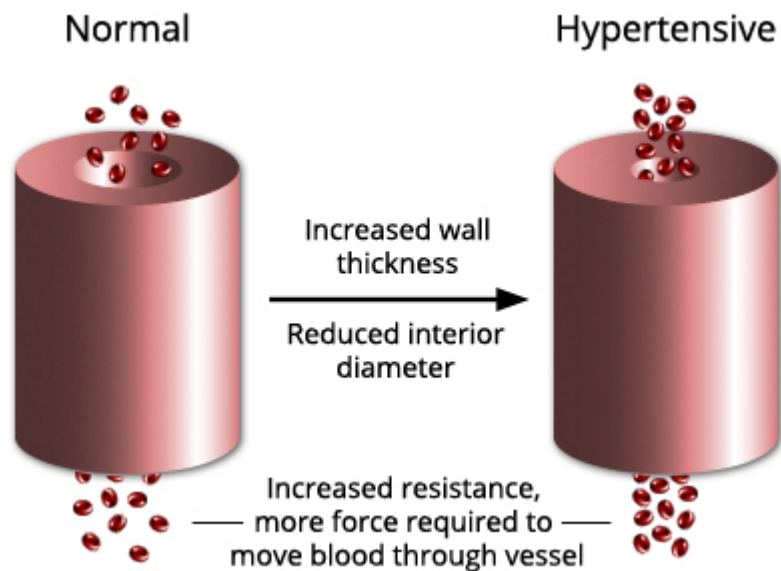
Primary: Essential or primary hypertension is the most common and develops over time. There is typically no identifiable cause, but the condition worsens over time.

Secondary: Secondary hypertension develops as a response to another condition and typically is more severe than primary hypertension. Potential causes of secondary hypertension include adrenal gland

tumors, congenital heart defects, illegal drug use, kidney disease, obstructive sleep apnea, and thyroid problems, to name a few.

How Is Hypertension Prevented?

Hypertension prevention comes through general healthy lifestyle practices. Exercising and not using alcohol or tobacco have been linked with a lower risk of hypertension. A diet that lowers the risk for hypertension is low in sodium (salt) and high in potassium and vitamin D.



An example of a hypertensive artery

What Are Some Signs & Symptoms?

Hypertension is commonly known as the “silent killer” because it often does not have any signs or symptoms until a serious incident like a heart attack or stroke occurs. Some signs may include headaches, shortness of breath, or nosebleeds, but these do not usually occur until blood pressure is already dangerously high.

Screening: Most medical visits include a blood pressure check. People over the age of 40 are at an increased risk for hypertension and will have additional screenings. Some pharmacies offer free blood pressure screenings, and home blood pressure cuffs are available to purchase from most stores. Consult with a doctor to determine which method is best for you.

How is Hypertension Managed?

People living with hypertension are often recommended to make lifestyle changes to help lower their blood pressure and bring it back down to a healthy range. To do so, talk to your physician about the following:

- Getting at least 150 minutes of moderate aerobic activity each week. (30 min, 5 times a week)
- Quit smoking
- Getting to and maintaining a healthy weight
- Managing stress
- Following a heart-healthy, low-sodium diet

- This includes fruits and vegetables, lean protein, low-fat dairy, whole grains, and heart-healthy fats and oils.

One common example of a hypertension diet is DASH (Dietary Approach to Stop Hypertension). However, this is not always enough. Hypertension can be managed with a myriad of drugs. Doctors will select which medicine to prescribe based on the individual and his or her specific conditions.

Additional Resources

The best additional resource is to consult your primary care physician. For additional online reading, the Center for Disease Control has a resource list available from:
http://www.cdc.gov/bloodpressure/other_resources.htm

Sources

1. “High Blood Pressure (hypertension).” *Treatments and Drugs*. Mayo Clinic, 16 June 2016. Web. 16 Aug. 2016.
2. “Hypertension.” *Heart Failure Online Hypertension Comments*. Heartfailure.org, 2013. Web. 16 Aug. 2016.
3. “Other Resources Related to High Blood Pressure.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 07 July 2014. Web. 19 Aug. 2016.
4. “Understanding blood pressure readings.” *Healthy and unhealthy blood pressure ranges*. American Heart Association, 28 April 2023. Web. 3 May 2023.
5. “Estimated Hypertension Prevalence, Treat and Control Among U.S.” *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 22 March 2022. Web. 2 May 2023.
6. “Facts about hypertension”. *Centers for Disease Control and Prevention*. Center for Disease Control and Prevention, 05 Jan. 2023. Web. 2 May 2023.
7. “High Blood Pressure (Hypertension).” *Overview*. Mayo Clinic, 15 Sept. 2022. Web 3 May 2023.

If this document didn’t answer your questions, please contact HGIC at hgic@clermson.edu or 1-888-656-9988.

Original Author(s)

Shana Madden, Extension Agent - Associate, Clemson University
Logan McFall, Health Extension Agent, Oconee County, Clemson Extension

Revisions by:

Julianna Lyle, Rural Health and Nutrition Extension Agent, Clemson Cooperative Extension

This information is supplied with the understanding that no discrimination is intended and no endorsement of brand names or registered trademarks by the Clemson University Cooperative Extension Service is implied, nor is any discrimination intended by the exclusion of products or manufacturers not named. All recommendations are for South Carolina conditions and may not apply to other areas. Use pesticides only according to the directions on the label. All recommendations for pesticide use are for South Carolina only and were legal at the time of publication, but the status of registration and use patterns are subject to change by action of state and federal regulatory agencies. Follow all directions, precautions and restrictions that are listed.

Clemson University Cooperative Extension Service offers its programs to people of all ages, regardless of race, color, gender, religion, national origin, disability, political beliefs, sexual orientation, gender identity, marital or family status and is an equal opportunity employer.

Copyright © 2023 Clemson University
Clemson Cooperative Extension | 103 Barre Hall Clemson, SC 29634
864-986-4310 | 1-888-656-9988 (SC residents only) | HGIC@clemson.edu